



Peninsula Children's Center EMPLOYMENT APPLICATION

4720 N. Maryland Ave., Portland, OR 97217
Ph: 503.280.0534 / Fax: 503.280.0496

PLEASE PRINT CLEARLY

Position(s) Applied for:

Date of Application:

How did you learn about us?

- Advertisement: _____
 Friend
 Walk-In
 Employment Agency: _____
 Relative
 Other: _____

| | | |
|---------------------------|-------------|--------------|
| Last Name: | First Name: | Middle Name: |
| Address: | City/State: | Zip Code: |
| Telephone Number(s): Day- | Evening- | |

Can you provide required proof of your eligibility to work?
(i.e. Social Security Card and Driver License or Passport, etc.) YES NO

Have you filed an application with us before? YES NO
If yes, give date: _____

Have you been employed by us before? YES NO
If yes, give date: _____

May we contact your current employer? YES NO

On what date would you be available to start work? Please give date: _____

Are you available to work: Full-Time Part-Time Substitute
If applying for Substitute position what days and hours are you available? _____

Are you currently enrolled with the Child Care Division Criminal History Registry?

YES NO

If YES, your Registry Number is: _____

Have you ever been convicted of a felony?

YES NO

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain:

EDUCATION

| School Type | School Name | Location | Number of years completed | Major and Degree/Diploma |
|----------------------------------|-------------|----------|---------------------------|--------------------------|
| Elementary | | | | |
| High School | | | | |
| Undergraduate College/University | | | | |
| Graduate Professional | | | | |

Other training or relevant studies (including first aid/CPR, food handlers, recognizing abuse):

Describe any relevant training, apprenticeship, or certificates:

List professional, trade business or civic activities and offices held (optional):

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments. You may include volunteer activities.

Employer One:

| | | |
|--|-----------------------------------|----------|
| Employer: | Telephone Number: | Address: |
| Job Title: | Supervisor Name: | |
| Hourly Rate/Salary: Starting: Final: | Dates Employed: From: To: | |
| Work Performed: | | |
| Reason for Leaving: | | |

Employer Two:

| | | |
|--|-----------------------------------|----------|
| Employer: | Telephone Number: | Address: |
| Job Title: | Supervisor Name: | |
| Hourly Rate/Salary: Starting: Final: | Dates Employed: From: To: | |
| Work Performed: | | |
| Reason for Leaving: | | |

Employer Three:

| | | |
|--|-----------------------------------|----------|
| Employer: | Telephone Number: | Address: |
| Job Title: | Supervisor Name: | |
| Hourly Rate/Salary: Starting: Final: | Dates Employed: From: To: | |
| Work Performed: | | |
| Reason for Leaving: | | |

If you need additional spaces, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from prior employment or other relevant experience.

REFERENCES

Give the name, address, day and evening phone numbers, and your relationship to three unrelated references who know your work.

1. _____

2. _____

3. _____

APPLICANTS STATEMENT

I certify that the answers I have given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for the employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given on my application or in my interview(s) may result in discharge.

Signature of Applicant

Date

Peninsula Children’s Center
ANTI-DISCRIMINATION POLICY

“Peninsula Children’s Center does not discriminate in its staff, board, volunteers, volunteer committee, or services on the basis of person’s race, religion, sex, sexual orientation, age, national origin, ancestry, marital status, veteran status, mental or physical disability or any other status prohibited by applicable law.”

Approved by the Board of Directors- May 24, 2006
